U.S. Department of Labor

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

			Persons are not r	equ	ired to	o rest	oond	to the	e colle	ection	of in	formati	on unless it dis	splays a currenti	y valid OM	B control nui	mber.			Rev. Dec	. 2008
	NAME OF CONTRACTOR OR SUBCONTR											ADDRE	SALISBI	LEN DRIVE JRY, MD 2180	11					OMB No.: Expires:	: 1235-0008 02/28/2018
	PAYROLL NO.	WARE	FOR WEEK ENDING		2/25/	2015	5		* *** · · · · · · · · · · · · · · · · ·			CON	CT AND LOCAT	TION PLOMACY CE				PROJECT 0	OR CONTRACT	F NO.	
	(1)	(2) 50 SN	(3)	ST.	19	20		22		E 24	25	(5)	(6)	(7)			DEC	(8) DUCTIONS			(9) NET
	NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR	SA	SU	М	т	W	TH H DAY	F	TOTAL HOURS		GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SIT		OTHER	TOTAL DEDUCTIONS	WAGES PAID
(b) (6)			ELEVATOR MECHANIC	0			6.00					6.00	58.06	\$348.36	\$22.16	\$82.09	\$0.00		\$313.69	\$417.94	\$1,267.63
(b) (6)			ELEVATOR MECHANIC-APPR 3- 60%	o s			6.00					6.00	47.84	\$287.04	\$72.03	\$124.61	\$65.81		\$114.95	\$377.40	\$604.14
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	01/01/2016			(b) WHERE FRI	NGE BENEFITS ARE F
	MISTY COFFMAN	PAYROLL ADMINISTRA	ATOR	[7]	Each laborer or mech
',	(Name of Signatory Party)	(Title)			as indicated on the pa
do here	by state:				basic hourly wage rat in the contract, excep
(1)	That I pay or supervise the payment of the p	ersons employed by		(c) EXCEPTION	S
	DELAWARE ELE		on the		
	(Contractor or Subc			EXCEP	PTION (CRAFT)
		that during the payroll period com-	nencing on the		
19	(Building or Work)day ofDECEMBER_,2015_, and e	ending the25 day ofDECEMBI	ER 2015		
all person	ons employed on said project have been paid will be made either directly or indirectly to or	the full weekly wages earned, that no	rebates have		
	DELAWARE ELEV	ATOR, INC	from the full		
	(Contractor or Sub	ocontractor)			
weekly	wages earned by any person and that no dec	ductions have been made either directly	or indirectly		
3 /29 C	e full wages earned by any person, other than F.R. Subtitle A), issued by the Secretary of L 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. §	abor under the Copeland Act, as amend	led (48 Stat. 948,		
00 0101	, 100, 12 0.0 00 1	to a society application included desirable control control			
					
24.500			and the second s	REMARKS:	
correct	That any payrolls otherwise under this contr and complete; that the wage rates for laborer ble wage rates contained in any wage determing therein for each laborer or mechanic conformations.	rs or mechanics contained therein are n ination incorporated into the contract; the	ot less than the		
program	That any apprentices employed in the above in registered with a State apprenticeship ageng, United States Department of Labor, or if no Bureau of Apprenticeship and Training, Unite	cy recognized by the Bureau of Apprent such recognized agency exists in a Sta	ceship and		
(4)	That: (a) WHERE FRINGE BENEFITS ARE PAIL	D TO ADDROVED DI ANS FUNDS OR	PROGRAMS	NAME AND TITLE	
		D TO AFFROVED PLANS, FUNDS, ON	11.0010.000	MISTY COFFMAN,	PAYROLL (b) (6
	 in addition to the basic hourly 	wage rates paid to each laborer or me	echanic listed in	ADMINISTRATOR	DATION OF ALIVOS
	have been or will be made to a	, payments of fringe benefits as listed appropriate programs for the benefit of s	in the contract uch employees,	THE WILLFUL FALSIFIC SUBCONTRACTOR TO C 31 OF THE UNITED STAT	IVIL OR CRIMINAL
	except as noted in section 4(c	e) below.		Lander Control of the	

PAID IN CASH

chanic listed in the above referenced payroll has been paid, payroll, an amount not less than the sum of the applicable ate plus the amount of the required fringe benefits as listed applicable in section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NAME AND TITLE	SIGNATURE

U.S. Department of Labor

Wage and Hour Division

PAYROLL

U.S. Wage and Hour Division

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Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTR		Z ELEVATOR, INC	****							ADDRES	SALISBU	EN DRIVE RY, MD 2180	11					OMB No. Expires:	1235-000 02/28/201
PAYROLL NO.	V V/VI VL	FOR WEEK ENDING	3						-	PROJEC	T AND LOCATI	ON				PROJECT C	R CONTRACT	T NO.	
2		TON WEEK CHOIN		/01/2	016					CONS J0637	ST - US DIPI 2-00019-00	LOMACY CE 0	NTER		and the second	22233			
(1)	(2) 9 s	(3)	H	26		8 29			1	(5)	(6)	(7)			DED	(8) UCTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	181	S	SU N		W	TH	F	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SIT		OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
NUMBER) OF WORKER	ZSW	CLASSIFICATION	0	T	JUKS V	VORKE	I	T		nooks	OLIVA								
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		accurred contractors and suit	s												<u> </u>	<u> </u>	<u></u>		L

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Date	01/11/2016		
ı	MISTY COFFMAN	PAYROLL ADMINISTRATO	R
1	(Name of Signatory Party)	(Title)	ant, als de l'imperience prompte de la mandata de l'imperience de la mandata della del
lo hereb	y state:		
(1)	That I pay or supervise the payment of the	e persons employed by	
	DELAWARE EL	EVATOR, INC	on the
	(Contractor or Sul	bcontractor)	On the
CC	ONST - US DIPLOMACY CENTER	; that during the payroll period commend	cing on the
26	(Building or Work) day of DECEMBER 2015 and	ending the 1 day of JANUARY	2016
II persor een or v		id the full weekly wages earned, that no reba	tes have
	DELAWARE ELE	VATOR, INC	from the full
	(Contractor or S		TOTT THE TAIL
	.R. Subtitle A), issued by the Secretary of 08, 72 Stat. 967; 76 Stat. 357; 40 U.S.C.	f Labor under the Copeland Act, as amended (§ 3145), and described below:	48 Stat. 948,
correct ar applicable	nd complete; that the wage rates for labor	ntract required to be submitted for the above porters or mechanics contained therein are not learning incorporated into the contract; that the form with the work he performed.	ss than the
orogram Fraining,	registered with a State apprenticeship age	re period are duly registered in a bona fide app ency recognized by the Bureau of Apprenticesh no such recognized agency exists in a State, an ited States Department of Labor.	ip and
(4) T	hat: (a) WHERE FRINGE BENEFITS ARE PA	AID TO APPROVED PLANS, FUNDS, OR PRO	GRAMS
	the above referenced payro	rly wage rates paid to each laborer or mechar oll, payments of fringe benefits as listed in the appropriate programs for the benefit of such each of the benefit of the	e contract

except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
	÷
REMARKS:	

NAME AND TITLE

MISTY COFFMAN, PAYROLL ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor

PAYROLL

Wage and Hour Division

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WHE

Rev. Dec. 2008

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ADDRESS 2210 ALLEN DRIVE NAME OF CONTRACTOR OR SUBCONTRACTOR 7 OMB No.: 1235-0008 Expires: 02/28/2018 SALISBURY, MD 21801 DELAWARE ELEVATOR, INC PROJECT OR CONTRACT NO. PROJECT AND LOCATION PAYROLL NO. FOR WEEK ENDING CONST - US DIPLOMACY CENTER 3 01/08/2016 22233 J06372-00019-000 (9) (1) (2) (3) (4) DAY AND DATE (8) DEDUCTIONS NET NAME AND INDIVIDUAL IDENTIFYING NUMBER WAGES **GROSS** SU M W TH AMOUNT EARNED (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY TOTAL RATE HOLDING TOTAL PAID WORK SIT DEDUCTIONS FOR WEEK FICA OTHER NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY TAX \$1.857.92 **ELEVATOR** MECHANIC \$211.65 \$296.20 \$0.00 \$474.03 \$981.88 \$1.991.40 32.00 58.06 11 00 \$2,973.28 \$1,530.88 **ELEVATOR** MECHANIC-APPR \$170.78 \$232.91 \$1,049.25 \$1,380.03 \$181.26 \$464.30 3-60% 32.00 47.84 10.00 11.00 11 00 \$2,429.28

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MISTY COFFMAN (Name of Signatory Party) (Title) (Title) (Title) (Name of Signatory Party) (Title) (In That I pay or supervise the payment of the persons employed by DELAWARE ELEVATOR. INC (Contractor or Subconforactor) CONST - US DIPLOMACY CENTER: that during the payroll period commencing on the gluiding or Work? 2	Date01/18/2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	н
do hereby state. (1) That I pay or supervise the payment of the persons employed by DELAWARE ELEVATOR, INC CONST - US DIPLOMACY CENTER (Building or Work) 2 day of JANUARY 2016 all persons employed on said project have been paid the full weekly wages exemed, that no rebates have been or will be made either directly or indirectly to or on behalf of said DELAWARE ELEVATOR, INC (Contractor or Subcontractor) (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly to or indirectly or indire		✓ - Each laborer or mechanic listed in	the above referenced payroll has been paid,
(1) That I pay or supervise the payment of the persons employed by DELAWARE ELEVATOR, INC (Contractor or Subcontractor) CONST - US DIPLOMACY CENTER that during the payroll period commencing on the (Building or Work) (Contractor or Subcontractor) (Contractor or Subcontractor or Incomplete or Subcontractor or Subcontracto	(Name of Signatory Farry)	basic hourly wage rate plus the am	nount of the required fringe benefits as listed
DELAWARE ELEVATOR, INC (Contractor or Subcontractor) CONST - US DIPLOMACY CENTER (Building or Work) 2		in the contract, except as noted in	Section 4(c) below.
CONST - US DIPLOMACY CENTER		(c) EXCEPTIONS	
CONST - US DIPLOMACY CENTER : that during the payroll period commencing on the (Building or Work) 2 day of JANUARY 2016, and ending the 8 day of JANUARY 2016, all persons employed on said project have been paid the full weekly wages earned. It all no rebates have been or will be made either directly or indirectly to or on behalf of said DELAWARE ELEVATOR, INC from the full (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other han permissible deductions as defined in Regulations, Part 3 (29 C F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (46 Stat. 948, e3 Stat. 108, 72 Stat. 967, 76 Stat. 557, 40 U.S.C. § 3145), and describes below. (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete, that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage devices of the contract, that the classifications elef for the above period are duty registered in a box of the cash laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duty registered in a box of the cash laborer or mechanic conform with the work he performed. (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (b) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (c) WHERE FRINGE benefit in the basic bounds was earlies and the each laborer or mechanic listed in		EXCEPTION (CRAFT)	EXPLANATION
(Building or Work) 2 day of JANUARY 2016, and ending the 8 day of JANUARY 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said DELAWARE ELEVATOR, INC (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other that permissable deductions as defined in Regulations, Part 52 (2c C r R Subtle A), issued by the event that permissable deductions as defined in Regulations, Part 53 (2c C r R Subtle A), issued by the event that permissable deductions as defined in Regulations, Part 53 (2c C r R Subtle A), issued by the event with the Copeland Act, as amended (4s Stat. 94s, 63 Stat. 109, 72 Stat. 357, 10 U.S.C. § 3145), and described below. (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete, that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates confained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any papernities employed in the above period are duly registered in a broat fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (b) (5) NAME AND TITLE MISTY COFFMANI, PAYROLL ADMINISTRATOR	The second secon	EXCEPTION (CIVALT)	
2 day of JANUARY 2016 and ending the 8 day of JANUARY 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebatles have been or will be made either directly or indirectly to or on behalf of said DELAWARE ELEVATOR, INC (Contractor or Subcontractor) (Contractor or Subcontractor or Subcontractor or Subcontractor or Subcontracto			
DELAWARE ELEVATOR, INC (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (20 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below. (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of	2 day of JANUARY 2016, and ending the 8 day of JANUARY 2016		
(Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations. Part 3 (29 C F R, Subtliné N), issued by the Serosiny of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 4d U.S.C. § 3145), and described below. (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. Name And Title Name And Titl	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtlite A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. § 3145), and described below. (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if in such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if in such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	DELAWARE ELEVATOR, INC from the full		
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(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS is addition to the basic bourty wage rates paid to each laborer or mechanic listed in			
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(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS MISTY COFFMAN, PAYROLL ADMINISTRATOR	program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and		
the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees,	MISTY COFFMAN, PAYROLL ADMINISTRATOR THE WILLFUL FALSIFICATION OF ANY OF THE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE S	SECTION TOUT OF TITLE TO AND SECTION 201 OF THE

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U.S. Department of Labor Wage and Hour Division

PAYROLL





Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

	NAME OF CONTRACTOR OR SUBCONTRACTOR DELAWARE ELEVATOR, INC										9	ADDRESS 2210 ALLEN DRIVE SALISBURY, MD 21801									OMB No.: 1235-0008 Expires: 02/28/2018	
	PAYROLL NO.		FOR WEEK ENDIN		/15/2	:016						CON	CT AND LOCAT ST - US DIP 72-00019-00	LOMACY CE	NTER			PROJECT (OR CONTRAC	T NO.		
	(1)	(2) SNO	(3)	RST.	9	(4) [10 1		2 1.		14	15	(5)	(6)	(7)			DED	(8) UCTIONS			(9) NET	
	NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	oT.o		SU N			V 7			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	WAGES PAID	
(b) (6	5)		ELEVATOR MECHANIC	0 13		11	L00 11	.00 3.0	ю 8	1.50		33.5(58.06	\$1,945.01	\$151.29	\$218.66		\$35.38	\$438.13	\$843.46	\$1,789.76	
(b) (6)		ELEVATOR MECHANIC Appr 3 - 600	0 0		111	1.00 11	.00 3.0	00 8	R.50		33.50	47.84	\$1,602.64		\$379.49	\$146.15	\$29.58	\$203.85	\$885.55	\$1,214.49	
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally linanced or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed, DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	1/25/2016					
M ,	MISTY COFFM	IAN	PA	YROLL A	DMINISTRAT	OR
*!	(Name of Signatory	Party)			(Title)	
do hereb	y state:					
(1)	That I pay or supervise the	payment of the	persons employ	ed by		
		LAWARE ELE				on the
		ontractor or Sub-				on the
C	ONST - US DIPLOMAC	CY CENTER	; that durin	g the payro	oll period commer	ncing on the
	(Building or Work)					
9	_ day ofJANUARY		ending the15	day of	JANUARY	2016
	ns employed on said project will be made either directly				ned, that no reb	ates have
	DEL	AWARE ELEV	ATOR, INC			from the fu
	(C	ontractor or Su	bcontractor)			_ IIOIII IIIE IU
3 (29 C.F	full wages earned by any p F.R. Subtitle A), issued by t 108, 72 Stat. 967; 76 Stat.	he Secretary of I	abor under the	Copeland /	Act, as amended	
			10000			
correct a applicabl	That any payrolls otherwise nd complete; that the wage e wage rates contained in a therein for each laborer or	rates for labore any wage determ	rs or mechanics ination incorpora	contained ated into the	therein are not le e contract; that th	ess than the
program Training,	hat any apprentices emplo registered with a State app United States Department Bureau of Apprenticeship a	renticeship agen of Labor, or if no	cy recognized by such recognize	y the Burea d agency e	au of Apprentices exists in a State, a	hip and
(4) T	hat: (a) WHERE FRINGE BEN	IEFITS ARE PAI	D TO APPROVE	ED PLANS,	FUNDS, OR PR	OGRAMS
	the above re have been or	ferenced payroll	, payments of fappropriate prog	ringe bene	laborer or mecha fits as listed in the benefit of such	he contract

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	

NAME AND TITLE

MISTY COFFMAN, PAYROLL **ADMINISTRATOR**

THE WILLFUL FALSIFICATION OF ANY OF THE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.







U.S. Department of Labor

Wage and Hour Division

PAYROLL (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev Dec 2008

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	NAME OF CONTRACTOR OR SUBCONTR		ELEVATOR, INC								ADDRE	SS 2210 AL SALISB	LEN DRIVE URY, MD 2180	01					OMB No. Expires:	: 1235-0008 02/28/2018
	PAYROLL NO.		FOR WEEK ENDING	3						***************************************	PROJE	CT AND LOCA	TION	***************************************			PROJECT (OR CONTRAC	T NO.	
	5				22/201	16						ST - US DI 72-00019-0	PLOMACY CE	NTER			22233			
	(1)	(2)	(3)		***************************************	(4) DA	Y AN	DAT	Œ		(5)	(6)	(7)			***************************************	(8)		***************************************	(9)
		ONG	***************************************	ST.	16 17	7 18	19	20	21	22						DED	JCTIONS			
	NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	6	s su	J M	Т	W	TH	F	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID
(b) (6		2211	ELEVATOR	0	100	1	J. C. C.	T		İ	HOUNG	OI IIAI	\$2,322.40	1,05	160			OTTIER	DEDOCTIONS	TON WELK
			MECHANIC	4									_ /	\$145.48	\$197.59		\$34.02	\$427.81	\$804.90	\$1,714.00
				5		11.00	10.00	11.00	8.00		40.00	58.06	\$2,518.90							
o) (6)			ELEVATOR	0		-		†				***************************************	\$1,913.60							
			MECHANIC	-			-	-					- /	\$122.86	\$364.44	\$141.88	\$28.73	\$197.82	\$855.73	\$1,185.87
			Appr 3 Look	S		11.00	10.00	11.00	8.00		40.00	47.84	\$2,041.60							***************************************
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Lad construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Lad construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and that each statement of Compliance "indicating that the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information review the information review the information to determine that employees have received legally required wages and fings benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator. Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date02	/01/2016						
on or other control of the control o	MISTY COFFM	AN		PAYRO	LL AD	MINISTRAT	OR
(Name of Signatory	Party)				(Title)	
do hereby state	ð:						
(1) That I	pay or supervise the	payment of the p	ersons en	ployed by			
	DE	LAWARE ELE	VATOR,	INC			on the
		intractor or Subc					
CONST	- US DIPLOMAC	CY CENTER	; that	during the	payroll	period commer	ncing on the
16 day d	(Building or Work) of JANUARY	2016 and e	nding the	22 _d	ay of	JANUARY	2016
all persons emp	oloyed on said project made either directly	t have been paid	the full we	ekly wage	s earn	ed, that no reb	ates have
	DEL	AWARE ELEV	ATOR, II	NC			from the full
	(C	ontractor or Sub	contracto				_ nom the itin
from the full wa 3 (29 C.F.R. Su	earned by any perso ges earned by any p ibtitle A), issued by tl 2 Stat. 967; 76 Stat. 3	erson, other than he Secretary of La	permissib abor unde	le deduction the Cope	ons as land A	defined in Regu ct, as amended	lations, Part
correct and con applicable wage	ny payrolls otherwise nplete; that the wage e rates contained in a n for each laborer or n	rates for laborer	s or mech	anics cont prporated in	ained t	herein are not le contract; that th	ess than the
program registe Training, United	y apprentices employered with a State app I States Department of Apprenticeship a	renticeship agend of Labor, or if no	y recogniz such reco	zed by the gnized age	Bureau ency ex	of Apprentices ists in a State, a	hip and
(4) That: (a) W	HERE FRINGE BEN	EFITS ARE PAIC	TO APPE	ROVED PL	ANS, I	FUNDS, OR PR	OGRAMS
	the above re have been or	the basic hourly ferenced payroll, will be made to a ed in section 4(c)	payments ppropriate	of fringe	benefit	ts as listed in t	he contract

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

✓ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION					
REMARKS:						
	×					
p.						
40.76						
MISTY COFFMAN, PAYROLL ADMINISTRATOR						
THE WILLFUL FALSIFICATION OF ANY OF THE AB SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSEC 31 OF THE UNITED STATES CODE.						

U.S. Department of Labor

Wage and Hour Division

PAYROLL





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U.S. Wage and Hour Division Rev. Dec. 2008

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OR SUBCONTRACTOR 🔽 ADDRESS 2210 ALLEN DRIVE NAME OF CONTRACTOR OMB No.: 1235-0008 Expires: 02/28/2018 SALISBURY, MD 21801 DELAWARE ELEVATOR, INC. PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING PAYROLL NO. **CONST - US DIPLOMACY CENTER** 01/29/2016 6 22233 J06372-00019-000 (4) DAY AND DATE (1) (3) (9) (8) DEDUCTIONS 23 24 25 26 27 28 29 NET NAME AND INDIVIDUAL IDENTIFYING NUMBER WAGES SU M W TH (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY TOTAL RATE AMOUNT HOLDING TOTAL PAID WORK SIT MEDI OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK CLASSIFICATION NUMBER) OF WORKER \$1,509.56 **ELEVATOR MECHANIC** \$112.74 \$122.34 \$26.37 \$369.73 \$631.18 \$1,342.13 26.00 58.06 0.00 0.00 10.00 10.00 6.00 \$1,973.31 \$1.243.84 **ELEVATOR MECHANIC** \$90.29 \$242 82 \$103.46 \$21.12 \$152.06 \$609.75 \$908.84 Appr3-60to 10.00 10.00 6.00 26.00 47.84 0.00 \$1.518.59

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3. 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DDL) regulate on the wages paid each employee during the preceding week." U.S. Department of Labor (DDL) regulate on the wages paid each employee during the preceding week." U.S. Department of Labor (DDL) regulate on the preceding week." U.S. Department of Labor (DDL) regulate on the work of the work of the wages paid each employee during the preceding that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Statement of Compliance" indicating that the payrolls are companied by a signed "Stat

Public Burden Statement

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Date	02/08/2016					
1,	MISTY COFFM	AN	PAYR	OLL ADI	MINISTRATO)R
*,	(Name of Signatory	Party)			(Title)	***************************************
do hereb	oy state:					
(1)	That I pay or supervise the	payment of the p	ersons employed b	y		
	DE	LAWARE ELE	VATOR, INC			on the
	,	ontractor or Subc	,			
С	ONST - US DIPLOMAC	CY CENTER	; that during th	e payroll p	period commen	cing on the
23	(Building or Work) day ofJANUARY					
all perso	ns employed on said project will be made either directly	t have been paid	the full weekly was			
	DEL	AWARE ELEV	ATOR, INC			from the full
	(C	ontractor or Sub	contractor)		······································	HOIH HIE IUM
63 Stat.	F.R. Subtitle A), issued by ti 108, 72 Stat. 967; 76 Stat.	357; 40 U.S.C. §	3145), and describe	ed below:	, as amended (
correct a applicab	That any payrolls otherwise and complete; that the wage le wage rates contained in a therein for each laborer or a	rates for laborer any wage determi	s or mechanics cor nation incorporated	ntained the into the c	erein are not le contract; that the	ss than the
program Training,	That any apprentices emplo registered with a State app United States Department Bureau of Apprenticeship a	renticeship agend of Labor, or if no	cy recognized by the such recognized as	e Bureau gency exis	of Apprenticesh sts in a State, a	nip and
(4) 7	That: (a) WHERE FRINGE BEN	IEFITS ARE PAIC) TO APPROVED F	PLANS, FI	UNDS, OR PRO	OGRAMS
	the above re have been or	ferenced payroll,	wage rates paid to payments of fring- ppropriate program below.	e benefits	as listed in th	ne contract

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

✓ – Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
	<u> </u>
NAME AND TITLE MISTY COFFMAN, PAYROLL ADMINISTRATOR	

THE WILLFUL FALSIFICATION OF ANY OF THE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



Rev 03/04/2016 NAME OF SUBCONTRACTOR ADDRESS TAX ID: 52-1193017 2210 Allen Drive Salisbury, MD 21801 Delaware Elevator, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT NO. 02/05/2016 21ST AND VIRGINIA STANDARD-Con 22233 (4) DAY AND DATE AVENUE S (1) (2) (8) DEDUCTIONS NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE # OF W/H EX. WORK CLASSIFICATION GROSS AMOUNT EARNED TOTAL HOURS RATE OF PAY 30 5 31 2 3 TOTAL NET WAGES Su M Tu W Th FICA SIT OTHER HOURS WORKED EACH DAY C.CON DC - Vilkas, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$502.32 0 John \$307.19 \$132.83 \$123.93 \$181.93 \$745.88 \$1,050.34 \$1,796.22 0.00 0.00 0.00 0.00 10.50 0.00 0.00 10.50 \$47.84 Elevator Mechanic C.CON DC - Mudge, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$609.63 Dave \$188.02 \$0.00 \$420.41 \$782.79 \$1,708.50 0.00 10.50 0.00 0.00 0.00 10.50 0.00 0.00 \$58.06 \$2,491.29

Elevator Mechanic

FFR 1 5 2016 Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by **Delaware Elevator, Inc.** on the **CONST** - US **DIPLOMACY CENTER** that during the payroll period commencing on the <u>30</u> day of January, 2016 and ending the 5 day of the February (, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

- 2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- 3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
- 4. That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
- X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
(b) ((6)

NAME AND TITLE	
Misty Coffman	Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STAT

SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



NAME OF SUBCONTRACTOR ADDRESS TAX ID: 52-1193017 2210 Allen Drive Salisbury, MD 21801 Delaware Elevator, Inc. CONST - US DIPLOMACY CENTER PAYROLL NO. FOR WEEK ENDING PROJECT OR CONTRACT NO. PROJECT AND LOCATION 02/12/2016 21ST AND VIRGINIA STANDARD-Con 22233 (4) DAY AND DATE AVENUE SI (1) (2) (3) (8) DEDUCTIONS NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE # OF W/H EX. WORK CLASSIFICATION GROSS AMOUNT EARNED RATE OF PAY TOTAL HOURS 6 8 10 11 12 TOTAL NET WAGES M W Th Sa Tu FICA OTHER C.CON DC - Vilkas, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$1,435.20 0 John \$348.73 \$137.14 \$193.66 \$1,150.65 \$146.63 \$826.16 0.00 0.00 11.00 0.00 8.00 30.00 \$47.84 \$1,976.81 0.00 11.00 Elevator Mechanic C.CON DC - Mudge, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$1,741.80 Dave \$178.17 \$195.11 \$0.00 \$425.90 \$799.18 \$1,802.23 0.00 0.00 0.00 11.00 11.00 0.00 8.00 30.00 \$58.06 \$2,601.41 Elevator Mechanic

N 03/04/2016

Date:	FEB	22	2016
Jaco.			

I, Misty Coffman , Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator, Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>6</u> day of <u>February</u>, <u>2016</u> and ending the <u>12</u> day of the <u>February</u>, <u>2016</u>, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

- 2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- 3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
- 4. That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
- X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
(b) (6)	

NAME AND TITLE Misty Coffman Payroll Administrate THE WILLFUL FALSIFICATION OF ANY OF THE ABO SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSEC TITLE 31 OF THE UNITED STATES CODE.			(b) (b)		
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSEC		Payroll Administrate			
	SUBCONTRACTOR TO CIT	VIL OR CRIMINAL PROSEC			



Rev 03/04/2016

NAME OF SUBCONTRACTOR		TA	TAX ID: 52-1193017							ADDRESS	2210 Aller	n Drive			Salis	bury, MD	21801			
Delaware Elevator, Inc.																	.,			
PAYROLL NO.		FOR WEEK E	NDING	3			02/1	9/201	6		PROJECT AND 21ST AND V	IRGINIA	CONST - US DI STANDAR		CENTER			PROJECT (OR CONTRACT N	o. 22233
(1) NAME, ADDRESS, AND	(2) # OF	(3) WORK				(4)	DAY AND	DATE			AVENUE SV (5)	(6)	(7)				(8) DEDUCTION	IS		
SOCIAL SECURITY NUMBER OF EMPLOYEE	EX.	CLASSIFICATION		13 Sa	14 Su	15 M	16 Tu	17 W	18 Th	19 F	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED						TOTAL DEDS	NET WAGES
(b) (6)			T				VORKED							FICA	FIT	SIT	OTHER	1		
	0	C.CON DC - Vilkas, John		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$1,913.60	\$1 51.59	\$364.44	\$141.88	\$ 197.8	32	\$855.73	\$1,185.87
		Appr 3-60%	s	0.00	0.00	11.00	11.00	10.00	8.00	0.00	40.00	\$47.84	\$2,041.60							
			t															+		
	8	C.CON DC - Mudge, Dave	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$2,322.40	\$179.50	\$197.59	\$0.00	\$427.8	s1	\$804.90	\$1,711.50
		Elevator Mechanic	s	0.00	0.00	11.00	11.00	10.00	8.00	0.00	40.00	\$58.06	\$2,516.40							

Date: F	EB	29	2016
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I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator, Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>13</u> day of <u>February</u>, <u>2016</u> and ending the <u>19</u> day of the <u>February</u>, <u>2016</u>, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

- 2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- 3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
- 4. That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
- X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(e) below.

(b) WHERE	EDING	DEMERITO	ADE DAIL	INI	CACH
(b) WHERE	FRING	BENEFILS	AKE PAIL	אווע	CASH

____Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
DEMARKS	
REMARKS	
	1 (6)

		(b) (6)	
NAME AND TITLE			
Misty Coffman	Payroll Administrator		
	ATION OF ANY OF THE ABOVE STA IVIL OR CRIMINAL PROSECUTION. D STATES CODE.		

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Rev 03/04/2016 NAME OF SUBCONTRACTOR ADDRESS TAX ID: 52-1193017 2210 Allen Drive Salisbury, MD 21801 Delaware Elevator, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT NO. 02/26/2016 21ST AND VIRGINIA STANDARD-Con 22233 AVENUE SV (4) DAY AND DATE (8) DEDUCTIONS NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE (5) (7) # OF W/H EX. WORK CLASSIFICATION TOTAL HOURS RATE OF PAY GROSS 20 21 22 23 24 25 26 AMOUNT EARNED TOTAL DEDS NET WAGES Sa M Tu W Th FICA OTHER HOURS WORKED EACH DAY FIT SIT C.CON DC - Vilkas, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$1,794.00 0 John \$139.85 \$328.30 \$130.64 \$182.47 \$781.26 \$1,106.74 0.00 0.00 11.00 11.00 11.00 4.50 37.50 \$47.84 0.00 \$1,888.00 Elevator Mechanic C.CON DC - Mudge, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$2,177.25 Dave \$163.28 \$167.36 \$0.00 \$404.48 \$735.12 \$1,762.13 0.00 0.00 11.00 11.00 11.00 4.50 0.00 37.50 \$58.06 \$2,497.25 Elevator Mechanic

Date: MAR 0 7 2016
I, Misty Coffman , Payroll Administrator
Do hereby state:
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>20</u> day of <u>February</u> , <u>2016</u> and ending the <u>26</u> day of the <u>February</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE	FRING	RENEFITS	ARE PAID	IN CASH

____Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE Misty Coffman	Payroll Administrator	(D) (D)		
	ATION OF ANY OF THE ABOVE VIVIL OR CRIMINAL PROSECUT D STATES CODE.		1001 01 11125 101111	o obcinon zor o



Rev 03/04/2016

																				1101 0010 112010
NAME OF SUBCONTRACTOR		T.	TAX ID: 52-1193017								ADDRESS 2210 Allen Drive Salisbury, MD 218					01				
Delaware Elevator, Inc.																	•			
PAYROLL NO.		FOR WEEK	END	ING			03/0	4/201	6		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con					Р	PROJECT OR CONTRACT NO. 22233			
(1)	(2)	(3)	Т			(4) [DAY AND	DATE			AVENUE S						(8) DEDUCTION	e		
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H	WORK CLASSIFICATION	1	(5) (6) (7)				DEDUCTIONS												
OF EMPLOYEE	EX.	CLASSIFICATION	1	27	28	29	1	2	3	4	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT					т —	Ι τοται	NET
5) (6)			1	Sa	Su	M	Tu	W	Th	F			EARNED					1	TOTAL DEDS	NET WAGES
o) (6)			Т		н	OURS W	ORKED	EACH [DAY					FICA	FIT	SIT	OTHER	1		
	0	C.CON DC - Vilkas, John	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$550.16	\$71.34	\$122.37	\$65.16	\$107.10		\$365.97	\$626.69
		Elevator Mechanic	s	0.00	0.00	11.50	0.00	0.00	0.00	0.00	11.50	\$47.84	\$992.66							
	8	C.CON DC - Mudge, Dave	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$667.69	\$127.24	\$100.24	\$0.00	\$352.65		\$580.13	\$1,255.56
		Elevator Mechanic	s	0.00	0.00	11.50	0.00	0.00	0.00	0.00	11.50	\$58.06	\$1,835.69	mercum dila didika Silima (ia			especial in the first state of the state of		144000000000000000000000000000000000000	

Date:	MAR 1 4 2016
I, <u>Mist</u>	y Coffman, Payroll Administrator
Do here	by state:
	1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 27 day of February , 2016 and ending the 4 day of the March { , 2016 , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
	2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
	3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
	4. That:
	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:
	$\underline{\mathbf{X}}$ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH								
Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.								
(c) EXCEPTIONS								
EXCEPTION (CRAFT)	EXPLANATION							
REMARKS								
INCINIONING								

NAME AND TITLE		(b) (b)
Misty Coffman	Payroll Administrator	
	CATION OF ANY OF THE ABOVE CIVIL OR CRIMINAL PROSECUT ED STATES CODE .	

U.S. Department of Labor

OR SUBCONTRACTOR [7]

PAYROLL

U.S. Wage and Hour Division

Wage and Hour Division

NAME OF CONTRACTOR

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

ADDRESS
2210 ALLEN DRIVE

OMB No.: 1235-0008

DELAWARE ELEVATOR, INC								SALISBURY, MD 21801								OMB No.: 1235-000 Expires: 02/28/201		
PAYROLL NO. 12		03/11/2016					CON	CT AND LOCATI ST - US DIP NDARD-CON	LOMACY CE	PROJECT 22233								
(1)	(2) SIONING (2)	(3)	OR ST.	5 6	4) DAY AN	-		11	(5)	(6)	(7)			DED	(8) DUCTIONS			(9) NET
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	0.TO	S SU HOUR	M T		1 1	F.	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	WAGES PAID
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	03/21/2016	
Ъ	MISTY COFFMAN	PAYROLL ADMINISTRATOR
· ·	(Name of Signatory Party)	(Title)
do here	by state:	
(1)	That I pay or supervise the payment of the pa	ersons employed by
	DELAWARE ELEV	ATOR INC
	(Contractor or Subco	on me
С		; that during the payroll period commencing on the
	(Building or Work)	, that during the payron period commencing on the
5		iding the11 _ day ofMARCH _ , _2016 ,
all perso been or		he full weekly wages earned, that no rebates have
	DELAWARE ELEVA	ATOR, INC from the full
	(Contractor or Subc	contractor)
3 (29 C. 63 Stat.	F.R. Subtitle A), issued by the Secretary of La 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	bor under the Copeland Act, as amended (48 Stat. 948, 145), and described below.
correct a applicab set forth (3)	and complete; that the wage rates for laborers ile wage rates contained in any wage determin therein for each laborer or mechanic conform That any apprentices employed in the above p	ct required to be submitted for the above period are or mechanics contained therein are not less than the ation incorporated into the contract; that the classificatio with the work he performed. eriod are duly registered in a bona fide apprenticeship or recognized by the Bureau of Apprenticeship and
Training, with the	, United States Department of Labor, or if no s Bureau of Apprenticeship and Training, United	uch recognized agency exists in a State, are registered
(4)	That: (a) WHERE FRINGE BENEFITS ARE PAID	TO APPROVED PLANS, FUNDS, OR PROGRAMS
	the above referenced payroll, p	wage rates paid to each laborer or mechanic listed in payments of fringe benefits as listed in the contract propriate programs for the benefit of such employees, below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NO W	ORK
PERFO	RMED

NA	ΜE	AN	D٦	IT	LE

MISTY COFFMAN, PAYROLL ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001/OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

NAME OF SUBCONTRACTOR TAX ID: 52-1193017 ADDRESS Salisbury, MD 21801 2210 Allen Drive Delaware Elevator, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT NO. 03/18/2016 21ST AND VIRGINIA STANDARD-Con 22233 AVENUE SW (4) DAY AND DATE (2) (8) DEDUCTIONS (6) (7) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE # OF W/H EX. WORK CLASSIFICATION GROSS AMOUNT EARNED TOTAL HOURS RATE OF PAY 12 13 14 15 18 16 17 TOTAL DEDS NET WAGES Sa Su M Tu W Th F HOURS WORKED EACH DAY FICA OTHER C.CON DC - Vilkas, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$191.36 \$150.31 \$360.13 \$140.65 \$194.10 \$845.19 \$1,179.69 Appr3 -6096 0.00 1.50 2.50 0.00 0.00 0.00 0.00 4.00 \$47.84 \$2,024.88 Elevator Mechanic C.CON DC - Mudge, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$232.24 Dave \$176.97 \$192.86 \$0.00 \$424.16 \$793.99 \$1,707.72 0.00 1.50 2.50 0.00 0.00 0.00 0.00 4.00 \$58.06 \$2,501.71 Elevator Mechanic

Rev 03/04/2016

Date: MAR 28 2016
I, _Misty Coffman, Payroll Administrator
Do hereby state: 1. That I pay or supervise the payment of the persons employed by Delaware Elevator , Inc. on
the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 12 day of March, 2016 and ending the 18 day of the March 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(b) WHERE	FRING	BENEFITS	ARE PAID	IN CASE

____ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE		(b) (6)
Misty Coffman	Payroll Administrator	
	ICATION OF ANY OF THE ABO	V UTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 23
TITLE 31 OF THE UNIT		onon, see section for of thee to and section 2.

NAME OF SUBCONTRACTOR		-	· ^ V	ID.	-0.4	1000	47		_		ADDRESS					W00 000		nothern we have		Rev 03/04/201
Delaware Elevator, Inc.		1.	ΑX	: :טו	02-1	1930	17				ADDRESS	2210 Alle	en Drive			Sali	sbury, N	MD 218	01	
PAYROLL NO.		FOR WEEK	ENDI	NG			03/2:	5/201	6		PROJECT AN 21ST AND		CONST - US I		Y CENTE	R		PROJECT	OR CONTRAC	T NO. 22233
(1)	(2)	(3)				(4) D	AY AND	DATE			AVENUE S						(8) DEDUCTIO	200		
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H	WORK CLASSIFICATION									(5)	(6)	(7)				DEDUCTIO	JNS		
OF EMPLOYEE	EX.	SEASON IOANION		19	20	21	22	23	24	25	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT			т			T0711	
				Sa	Su	M	Tu	W	Th	F			EARNED						TOTAL DEDS	NET WAGES
			\top		Н	URS W	ORKED	EACH D	AY					FICA	FIT	SIT	OTHE	R		
GILBANE BUILDING COMPANY NO ACTIVITY	0		o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							
													Ī							
		Elevator Mechanic	S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							

NO WORK PERFORMED

Date:	APR	0	4 2016
-------	-----	---	--------

I, Misty Coffman , Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator, Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>19</u> day of <u>March, 2016</u> and ending the <u>25</u> day of the <u>March{2016</u>, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

- 2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- 3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
- 4. That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

<u>X</u> In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
TCU	
REMARKS	
NO WO	RK

NAME	AND	TIT	IF

Misty Coffman

Payroll Administrator

PERFURI

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE ST SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

NAME OF SUBCONTRACTOR TAX ID: 52-1193017 **ADDRESS** 2210 Allen Drive Salisbury, MD 21801 Delaware Elevator, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT NO. 04/01/2016 21ST AND VIRGINIA STANDARD-Con 22233 AVENUE SW (2) (4) DAY AND DATE (3) (8) DEDUCTIONS # OF W/H EX. (5) (6) (7) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE WORK CLASSIFICATION GROSS AMOUNT EARNED TOTAL HOURS RATE OF PAY 27 29 26 28 30 31 TOTAL DEDS NET WAGES Sa Su M Tu W Th HOURS WORKED EACH DAY FICA FIT SIT OTHER C.CON DC - Vilkas, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$478.40 John Appr 3-6000 \$146.84 \$349.36 \$137.34 \$189.79 \$823.33 \$1,156.21 0.00 0.00 0.00 10.00 0.00 0.00 0.00 10.00 \$47.84 \$1,979.54 Elevator Mechanic C.CON DC - Mudge, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$580.60 Dave \$171.65 \$182.95 \$0.00 \$416.52 \$771.12 \$1,645.04 0.00 0.00 0.00 10.00 0.00 0.00 0.00 10.00 \$58.06 \$2,416.16 Elevator Mechanic

Rev 03/04/2016

Date:	APR 1 1 2016	
I, _ <u>Mis</u>	sty Coffman, Payroll Administrator	(b) WHERE FRING BENEFITS ARE PAID IN CASH
Do her	1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>26</u> day of <u>March</u> , <u>2016</u> and ending the <u>1</u> day of the <u>April(,2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:	Each laborer or mechanic listed in the above refere the payroll, an amount not less than the sum of the app amount of the required fringe benefits as listed in the cobelow. (c) EXCEPTIONS
		EXCEPTION (CRAFT)
	2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	
	3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.	REMARKS
	4. That:	
	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:	
	X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.	NAME AND TITLE Misty Coffman Payroll Administrator

renced payroll has been paid, as indicated on blicable basic hourly wage rate plus the contract, except as noted in Section 4(c)

EXCEPTION (CRAFT)	EXPLANATION
	3
REMARKS	
NEWANKS	

NAME AND TITLE Misty Coffman	Payroll Administrator	(b) (6)		
THE WILL FULL FALSII	TICATION OF ANY OF THE AR			

SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

NAME OF SUBCONTRACTOR ADDRESS TAX ID: 52-1193017 Salisbury, MD 21801 2210 Allen Drive Delaware Elevator, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT NO. 04/08/2016 21ST AND VIRGINIA STANDARD-Con 22233 (4) DAY AND DATE AVENUE SW (3) (8) DEDUCTIONS (5) (6) (7) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE # OF W/H EX. WORK CLASSIFICATION GROSS AMOUNT EARNED TOTAL HOURS RATE OF PAY 2 3 5 8 4 6 TOTAL DEDS NET WAGES Sa Su M Tu W Th HOURS WORKED EACH DAY FICA OTHER C.CON DC - Vilkas. 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$287.04 Appr 3-60% \$151.71 \$364.83 \$141.99 \$195.21 \$853.74 \$1,189.38 0.00 0.00 0.00 0.00 0.00 6.00 0.00 6.00 \$47.84 \$2,043.12 Elevator Mechanic C.CON DC - Mudge, О 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$348.36 8 Dave \$177.20 \$193.29 \$0.00 \$424.50 \$794.99 \$2,080.24 0.00 0.00 0.00 0.00 0.00 6.00 6.00 Elevator Mechanic 0.00 \$58.06 \$2,875.23

Rev 03/04/2016

Date: APR 18 2016 I, _Misty Coffman, Payroll Administrator
Do hereby state:
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>2</u> day of <u>April</u> , <u>2016</u> and ending the <u>8</u> day of the <u>April</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

				IEFITS			

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
	16
REMARKS	

NAME AND TITLE
Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

ADDRESS
2210 ALLEN DRIVE
DELAWARE FLEVATOR INC
SALISBURY, MD 21801

Rev. Dec. 2008

CMB No.: 1235-0008
Expires: 02/28/2018

DELA	WARE	ELEVATOR, INC											IRY, MD 2180	01					Expires:	02/28/2018	
PAYROLL NO. FOR WEEK ENDING (2016	3	21				PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON PROJECT OR CONTRA 22233								CT NO.		
(1)	(2) SN SN	(3)	ST.	9	_		Y AND			15	(5)	(6)	(7)			DED	(8) DUCTIONS			(9)	
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR	S	SU	М	T	W	TH	F	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	
			0																		
			s																		
			o s										/								
			0																		
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			s												MANUEL SECTION	er ga					
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DDL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed by a signed with information for determine that the payrolls are correct and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information returns that employees have received legally required wages and fringe benefits,

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date _	04/25/2016	
i.	MISTY COFFMAN	PAYROLL ADMINISTRATOR
.,	(Name of Signatory Party)	(Title)
do here	eby state:	
(1	That I pay or supervise the payment of the	e persons employed by
	DELAWARE EI	LEVATOR, INC on the
***************************************	(Contractor or Su	bcontractor)
(CONST - US DIPLOMACY CENTER	; that during the payroll period commencing on the
	(Building or Work)	
9	day ofAPRIL, _2016_, and	d ending the 15 day of APRIL 2016
all pers		aid the full weekly wages earned, that no rebates have
	DELAWARE ELE	EVATOR, INC from the full
	(Contractor or S	
	. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C.	
correct applical	and complete; that the wage rates for labor	ntract required to be submitted for the above period are rers or mechanics contained therein are not less than the mination incorporated into the contract; that the classification orm with the work he performed.
program Training	n registered with a State apprenticeship age	re period are duly registered in a bona fide apprenticeship ency recognized by the Bureau of Apprenticeship and no such recognized agency exists in a State, are registered lited States Department of Labor.
(4)	That: (a) WHERE FRINGE BENEFITS ARE PA	AID TO APPROVED PLANS, FUNDS, OR PROGRAMS
	the above referenced payro	rly wage rates paid to each laborer or mechanic listed in oll, payments of fringe benefits as listed in the contract o appropriate programs for the benefit of such employees, (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	

NAME AND TITLE

MISTY COFFMAN, PAYROLL ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE ABO SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

NAME OF SUBCONTRACTOR TAX				ID: 52-1193017							ADDRESS 2210 Allen Drive					Sali	Salisbury, MD 21801				
Delaware Elevator, Inc.					-	1000	87 B					221071110	ii biive			Juli	soury, r	VID 210	.01		
PAYROLL NO.		FOR WEEK	ENDII	NG			04/22	2/201	6		PROJECT AN 21ST AND		CONST - US I		Y CENTE	R		PROJECT	OR CONTRAC	T NO. 22233	
(1)	(2)	(3)	П			(4) D	ay and	DATE			AVENUE S						DEDUCTIO	NIC			
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H	WORK CLASSIFICATION							(5)		(7)		DEDUCTIONS								
OF EMPLOYEE	EX.	CLASSII ICATION		16 17	18	8 19	20	21	22	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT		Г	т	т		TOTAL	NET		
				Sa	Su	M	Tu	W	Th	F			EARNED						DEDS	WAGES	
			П		Н	OURS W	ORKED	EACH D	AY					FICA	FIT	SIT	OTHE	2			
GILBANE BUILDING COMPANY NO ACTIVITY	0		o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00								
			П																		
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							П	

NO WORK PERFORMED

Date:	MAY (2 201
	MAY	/ (1)

I, Misty Coffman , Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator, Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>16</u> day of <u>April, 2016</u> and ending the <u>22</u> day of the <u>April, 2016</u>, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

- 3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
- 4. That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

 $\underline{\mathbf{X}}$ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

NAME AND TITLE

Misty Coffman

EXCEPTION (CRA	AFT)		EXPLANATION
	F (100 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 -		II POLITICA DE LE CONTROL DE LA PARTE DE L
REMARKS			
			ED
	<u>//a</u>	(6)	

Payroll Administrator

SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 4001 OF

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S

TITLE 31 OF THE UNITED STATES CODE

NAME OF SUBCONTRACTOR TAX ID: 52-1193017 **ADDRESS** 2210 Allen Drive Salisbury, MD 21801 Delaware Elevator, Inc. PAYROLL NO. FOR WEEK ENDING CONST - US DIPLOMACY CENTER PROJECT OR CONTRACT NO. PROJECT AND LOCATION 04/29/2016 21ST AND VIRGINIA STANDARD-Con 22233 (4) DAY AND DATE AVENUE SIA (8) DEDUCTIONS NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE # OF W/H EX. (5) (7) WORK CLASSIFICATION GROSS AMOUNT EARNED OTAL HOURS RATE OF PAY 23 24 25 26 27 28 29 TOTAL DEDS NET WAGES Sa Su M Tu W F Th HOURS WORKED EACH DAY FICA FIT SIT OTHER C.CON DC - Vilkas, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$1,306.76 0 John \$152.33 \$366.93 \$142.59 \$197.91 \$859.76 \$1,191.53 Appr 4-65% 0.00 0.00 8.00 10.50 0.00 7.50 Elevator Mechanic 0.00 26.00 \$50.26 \$2,051.29 C.CON DC - Mudge, 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00 \$1,509.56 8 Dave \$173.67 \$186.72 \$0.00 \$419.42 \$779.81 \$1,686.09 0.00 0.00 8.00 10.50 0.00 7.50 0.00 26.00 \$58.06 Elevator Mechanic \$2,465.90

Rev 03/04/2016

Date:	MAY 0 9 2016
I, _Misty	Coffman, Payroll Administrator
Do herel	by state:
	1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator, Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>23</u> day of <u>April, 2016</u> and ending the <u>29</u> day of the <u>April, 2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
	2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
	3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
	4. That:
	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
	X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

____ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

TITLE 31 OF THE UNITED STATES CODE.

EXPLANATION

MANE AND TITLE		(b) (6)	
NAME AND TITLE			
Misty Coffman	Payroll Administrator		
THE WILLFUL FALSII	FICATION OF ANY OF THE ABO		
SUBCONTRACTOR TO	O CIVIL OR CRIMINAL PROSEC	UTION. SEE SECTION	1001 OF TITLE IS AND SECTION 231

																				Rev 03/04/2016
NAME OF SUBCONTRACTOR	TAX ID: 52-1193017										ADDRESS	ADDRESS 2210 Allen Drive Salisbury, MD 213							01	
Delaware Elevator, Inc.												CONTRACTOR ACCIONA					,			
PAYROLL NO.	FOR WEEK ENDING			ING								ID LOCATION VIRGINIA	CONST - US I STANDA		OMACY CENTER PROJECT OR CONTRACT NO.					
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	(2) # OF W/H	F WORK (5) (6) (7)								(8) DEDUCTIO	NS									
OF EMPLOYEE	EX.			30 Sa	l Su	2 M	3 Tu	W W	5 Th	6 F	TOTAL HOURS	RATE OF PAT	GROSS AMOUNT EARNED						TOTAL DEDS	NET WAGES
(6)	0	C.CON DC - Vilkas, John	o	0.00	ĺ	0.00		1		0.00	0.00	\$0.00	\$452.34	FICA \$82.11	FIT \$154.73	\$1T \$75.45	OTHER \$124.8		\$437.11	\$696.23
		APPC 4-65% Elevator Mechanic	s	0.00	0.00	9.00	0.00	0.00	0.00	0.00	9.00	\$50.26	\$1,133.34				140000000000000000000000000000000000000			
	8	C.CON DC - Mudge, Dave	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$522.54	\$137.06	\$118.52	\$0.00	\$366.7	78	\$622.36	\$1,366.7
		Elevator Mechanic	s	0.00	0.00	9.00	0.00	0.00	0.00	0.00	9.00	\$58.06	\$1,989.10							

ev 03/04/2016

Date:	MAY 1 6 2016
I, <u>Mist</u>	y Coffman, Payroll Administrator
Do herel	by state:
	1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 30 day of April , 2016 and ending the 6 day of the Mav§.2016 , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
	2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
	3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
	4. That:
	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:
	X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made

to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE	CDING	DENICEITC	ADE	DAID	INI	CACL
(D) WHERE	LUING	DENELLIS	AKE	PAID	IIN	CASE

____ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	*

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOV SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor

OR SUBCONTRACTOR [7]

Wage and Hour Division

NAME OF CONTRACTOR

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

ADDRESS 2210 ALLEN DRIVE

OMB No : 1235-0008

DELAWARE ELEVATOR, INC								SALISBURY, MD 21801									Expires: 02/28/201		
PAYROLL NO. 21	.020 0	FOR WEEK ENDIN		5/13/2016				CON	CT AND LOCATI ST - US DIP NDARD-CON	LOMACY CEI	NTER	1100		PROJECT (
(1)	(2) SNOIL	(3)	OR ST.	07 08 09	Y AND D	11 12	13	(5)	(6)	(7)			DED	(8) UCTIONS			(9) NET		
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	O.To	S SU M HOURS WO		W TH		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK		
			o s																
			0																
		TEPE U	0																
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			o																
			o									NO	WOF	K PE	RFOR	MED			
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DoL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date05/23/2016			(b) WHERE FRI	NGE BENEFITS ARE F
MISTY COFFMAN	PAYROLL ADMINISTRATOR		The section of the se	
(Name of Signatory Party) do hereby state:	(Title)		☑ -	Each laborer or mech as indicated on the pa basic hourly wage rate
				in the contract, excep
(1) That I pay or supervise the payment of the pe			(c) EXCEPTIONS	S
DELAWARE ELEV		_ on the		
(Contractor or Subco			EXCEP	TION (CRAFT)
(Building or Work)	; that during the payroll period commencir	ng on the		
7day ofMAY2016 _, and en	ding the13 _ day ofMAY,			
all persons employed on said project have been paid the been or will be made either directly or indirectly to or o	ne full weekly wages earned, that no rebates n behalf of said	s have		
DELAWARE ELEVA	TOR, INC	om the full		
(Contractor or Subc	ontractor)	_		
weekly wages earned by any person and that no dedu from the full wages earned by any person, other than p 3 (29 C.F.R. Subtitle A), issued by the Secretary of Lal	permissible deductions as defined in Regulation	ons. Part		
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	145), and described below:	Otal. 340,		
Y				
		RE	EMARKS:	
Wednesday or day yes do to protect			INFA VICO.	
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers applicable wage rates contained in any wage determine set forth therein for each laborer or mechanic conform	or mechanics contained therein are not less	than the		NO WO
(3) That any apprentices employed in the above perogram registered with a State apprenticeship agency Training, United States Department of Labor, or if no swith the Bureau of Apprenticeship and Training, United	recognized by the Bureau of Apprenticeship uch recognized agency exists in a State, are	and		
(4) That:		_		
(a) WHERE FRINGE BENEFITS ARE PAID	TO APPROVED PLANS, FUNDS, OR PROG	M	AME AND TITLE ISTY COFFMAN, P	AYROLL
 in addition to the basic hourly w 	rage rates paid to each laborer or mechanic payments of fringe benefits as listed in the	listed III	OMINISTRATOR	ATION OF ANY OF THE ABO
have been or will be made to ap except as noted in section 4(c) b	propriate programs for the benefit of such em	plovees. SU		IL OR CRIMINAL PROSECU
,				

PAID IN CASH

chanic listed in the above referenced payroll has been paid, payroll, an amount not less than the sum of the applicable at the plus the amount of the required fringe benefits as listed pt as noted in section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
NO WORK	PERFORMED

NAME OF SUBCONTRACTOR		TA	ΔX	X ID: 52-1193017							ADDRESS	2210 Alle	n Drive			Sali	chury N	4D 218	201		
Delaware Elevator, Inc.	170011										22 TO Alleh Drive					Salisbury, MD 21801					
PAYROLL NO. 22		FOR WEEK I	ENDI	NG							PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con						PROJECT OR CONTRACT NO. 22233				
(1)	(2)	(3)	П			(4) D.	AY AND	DATE			Carlos of the Ca	VENUE SW					DEDUCTIO	MIC			
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H	WORK CLASSIFICATION								(5) (6) (7)		DEDUCTIONS									
OF EMPLOYEE	EX.	CEASSII ICATION		14	15	16	17	18	19	20	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT	TOTAL NET					T NET		
				Sa	Su	M	Tu	W	Th	F			EARNED						DEDS	WAGES	
			П		Н	OURS W	ORKED	EACH D	AY	e:				FICA	FIT	SIT	OTHER	3			
GILBANE BUILDING COMPANY NO ACTIVITY	0		0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	\$0.00	\$0.00								
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00								

Date: MAY 3 0 2016
I, _Misty Coffman, Payroll Administrator
Do hereby state:
1. That I pay or supervise the payment of the persons employed by <u>Delaware Elevator</u> , <u>Inc.</u> on the <u>CONST - US DIPLOMACY CENTER</u> that during the payroll period commencing on the <u>14</u> day of <u>May</u> , <u>2016</u> and ending the <u>20</u> day of the <u>May</u> , <u>2016</u> , all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:
2. That any narralle otherwise under this contract required to be submitted for the above region.
2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
4. That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE	FRING	RENEFITS	ARE	PAID	INCASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NO WORK PERFORMED

NAME AND TITLE		(b) (6)
Misty Coffman	Payroll Administrator	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

																				Rev 03/04/2016
NAME OF SUBCONTRACTOR		T	AX	ID:	52-1	1930	17				ADDRESS	2210 Alle	en Drive			Sali	sbury, N	MD 21	801	
Delaware Elevator, Inc.																	T-100-1100 3 -14 - 10			
PAYROLL NO. 23		FOR WEEK	END	ING			05/27	7/201	6		PROJECT AN 21ST AND		CONST - US I STANDA		CY CENTE	R		PROJEC	T OR CONTRAC	T NO. 22233
(1)	(2)	(3)	Т			(4) D	AY AND	DATE			AVENUE S	The second secon					DEDUCTIO	ONS		
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H	WORK CLASSIFICATION									(5)	(6)	(7)				DEDUCTIO	J. 140		
OF EMPLOYEE	EX.	CEASSII IOATION		21	22	23	24	25	26	27	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT	,			1	-T	TOTAL	NET
				Sa	Su	M	Tu	W	Th	F			EARNED						DEDS	WAGES
			Т		Н	OURS W	ORKED	EACH D	AY					FICA	FIT	SIT	OTHER	R		
GILBANE BUILDING COMPANY NO ACTIVITY	0		o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							

Date: JUN 0 6 2016	
I, _Misty Coffman, Payroll Administrator	
Do hereby state:	
1. That I pay or supervise the payment of the perso the <u>CONST - US DIPLOMACY CENTER</u> that d day of <u>May</u> , <u>2016</u> and ending the <u>27</u> day of the <u>May</u> project have been paid the full weekly wages earned either directly or indirectly to or on behalf of said f person and that no deductions have been made either earned by any person, other than permissible deduct Subtitle A), issued by the Secretary of Labor under Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276	uring the payroll period commencing on the 21 y{.2016, all persons persons employed on said I, that no rebates have been or will be made from the full weekly wages earned by any er directly or indirectly from the full wages tions as defined in Regulations, part 3 (29 CFR the Copeland Act, as amended (48 Stat., 948, 63
2. That any payrolls otherwise under this contract are correct and complete; that the wage rates for lal less than the applicable wage rates contained in any contract; that the classifications set forth therein fo work he performed.	porers or mechanics contained therein are not wage determination incorporated into the
3. That any apprentices employed in the above per apprenticeship program registered with a State app Apprenticeship and Training, United States Depart exists in a State, are registered with the Bureau of A Department of Labor.	renticeship agency recognized by the Bureau of ment of Labor, or if no such recognized agency
4. That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO	APPROVED PLANS , FUNDS, OR PROGRAMS:
X In addition to the basic hourly wage rates paid to appropriate programs for the benefit of such empty.	isted in the contract have been or will be made

(b) WHERE FRING BENEFITS ARE PAID IN CASH	(b) WHER	E FRING	BENEFITS	ARE PAID	IN CASH
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Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
NO WORK PERI	FORMED

NAME AND TITLE		(b) (6)
Misty Coffman	Payroll Administrator	
		TON. SEE SECTION TOUT OF TITLE TO AND SECTION 23:

U.S. Department of Labor

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR 7 NAME OF CONTRACTOR **ADDRESS** 2210 ALLEN DRIVE OMB No.: 1235-0008 Expires: 02/28/2018 SALISBURY, MD 21801 DELAWARE ELEVATOR, INC PROJECT OR CONTRACT NO. PROJECT AND LOCATION PAYROLL NO. FOR WEEK ENDING **CONST - US DIPLOMACY CENTER** 24 06/03/2016 22233 STANDARD-CON (1) (2) (3) (4) DAY AND DATE (7) (9) (8) DEDUCTIONS NO. OF WITHHOLDING EXEMPTIONS 02 03 28 29 31 01 NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WAGES W SU TH S M (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY AMOUNT EARNED WORK TOTAL RATE HOLDING TOTAL PAID SIT MEDI NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY FICA OTHER HOURS OF PAY TAX **DEDUCTIONS** FOR WEEK NO WORK PERFORMED 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating wage rate or the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date06/13/2016	
I. MISTY COFFMAN	PAYROLL ADMINISTRATOR
(Name of Signatory Party)	(Title)
do hereby state:	
(1) That I pay or supervise the payment of the pers	ons employed by
DELAWARE ELEVA	TOR INC
(Contractor or Subcont	ractor) on the
CONST - US DIPLOMACY CENTER	; that during the payroll period commencing on the
(Building or Work)	ng the3_ day ofJUNE, _2016_,
all persons employed on said project have been paid the been or will be made either directly or indirectly to or on l	full weekly wages earned, that no rebates have
DELAWARE ELEVAT	OR, INC from the full
(Contractor or Subcor	
weekly wages earned by any person and that no deduct from the full wages earned by any person, other than per 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labo 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 314	missible deductions as defined in Regulations, Part r under the Copeland Act, as amended (48 Stat. 948,
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers or applicable wage rates contained in any wage determinations set forth therein for each laborer or mechanic conform with the contract of the contr	mechanics contained therein are not less than the on incorporated into the contract; that the classifications
(3) That any apprentices employed in the above periprogram registered with a State apprenticeship agency re Training, United States Department of Labor, or if no suc with the Bureau of Apprenticeship and Training, United S	ecognized by the Bureau of Apprenticeship and h recognized agency exists in a State, are registered
 in addition to the basic hourly way the above referenced payroll, pay 	D APPROVED PLANS, FUNDS, OR PROGRAMS ge rates paid to each laborer or mechanic listed in yments of fringe benefits as listed in the contract opriate programs for the benefit of such employees, ow.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NO WORK PE	RFORMED
NAME AND TITLE	(6)

MISTY COFFMAN, PAYROLL ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION 31 OF THE UNITED STATES CODE.

NAME OF SUBCONTRACTOR		Т	ΆX	ID:	52-11	930	17				ADDRESS	2210 Alle	n Drive			Sali	sbury, N	MD 21	801	
Delaware Elevator, Inc.																				
PAYROLL NO. 25		FOR WEEK	ENDI	VG			06/10	0/201	6		PROJECT AN 21ST AND		CONST - US D STANDA		Y CENTE	R		PROJEC	T OR CONTRAC	T NO. 22233
(1)	(2)	(3)				(4) D	AY AND	DATE			AVENUE S (5)	/V (6)	(7)				DEDUCTIO	ONS		
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER	# OF W/H	WORK CLASSIFICATION		4	-		7	0	0	10	AND THE PERSON NAMED IN	RATE OF PAY	GROSS							
OF EMPLOYEE	EX.			4 Sa	Su	M	Tu	W W	Th	10 F			AMOUNT EARNED						TOTAL DEDS	NET WAGES
			Т	100	н	URS W	ORKED	EACH D	AY	(3)				FICA	FIT	SIT	OTHE	R		
GILBANE BUILDING COMPANY NO ACTIVITY	0		0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00							

Date:	JUN	2	0	20	1	600
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I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by **Delaware Elevator, Inc.** on the **CONST - US DIPLOMACY CENTER** that during the payroll period commencing on the **4** day of **June**, **2016** and ending the **10** day of the **June**{.**2016**, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

- 2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- 3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.
- 4. That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:
- $\underline{\mathbf{X}}$ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE		(b) (6)	
Aisty Coffman	Payroll Administrator		
HE WILLFUL FALSIF	ICATION OF ANY OF THE ABO	VE	
UBCONTRACTOR TO	CIVIL OR CRIMINAL PROSEC	UTION. SEE SECTION 1001 OF THEE 10 AND SECTION 2.	